

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PA</i>	<i>67822</i>	<i>7/19/00</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>7/19/00</i>
FORMALITY REVIEW	<i>B</i>	<i>64834</i>	<i>9/7/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/16/00
2	7/19/00
3	7/19/00
4	7/19/00
5	7/19/00
6	7/19/00
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8	7/19/00
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48	7/19/00
49	7/19/00
50	7/19/00

Claim	Date
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Claim	Date
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Add A

If more than 150 claims or 10 actions  
staple additional sheet here

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